

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

Avis Derek Coleman # 494640

(Enter above the full name of the plaintiff
or plaintiffs in this action.)

vs.

Sheila Brake
Lisa Hatch
Advance Correctional Healthcare
(Enter above the full name of the defendant
or defendants in this action.)

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MAR - 4 2013

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MAR - 4 2014

CLERK, U.S. DIST. COURT
WESTERN DIST. OF TENN

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER 42 U.S.C., §1983

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (x)
- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____

4. Name of judge to whom case was assigned: _____

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: Benton County Jail
 A. Is there a prisoner grievance procedure in the institution?

Yes (☒) No (☐)

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes (☒) No (☐)

C. If your answer is Yes:

1. What steps did you take? wrote Grievance to Pat Chandler. ~~she~~ she can't do anything because it's up to medical staff not jail administrator.
2. What was the result? Nothing she can do it's all up to medical staff. still denied on my testing for Hepatitis C/HIV. eye doctor.

D. If your answer is No, explain why not: _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff Alvis Derek Coleman Tom IS #494640

Address P.O. Box 56 Camden, TN 38320

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of an additional defendants.)

B. Defendant Sheila Brake ? Lisa Hatch is employed as
Sheila Brake - Nurse Lisa Hatch - Nurse Practitioner
 at Benton County Jail

C. Additional Defendants: Advance Correctional Healthcare

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.

I went to nurse Sheila Brake for fear of having Hepatitis C / HIV because of lifestyle I was living. Every now & then I was having liver pain. I begged them to get me tested just in case I do have either I could do something. The nurse is Lisa Hatch denied me tests, wouldn't even check into liver pain. Then I have knots on inside of eyelid. I need to get my prescription eye glasses that I've lost. Sheila & Lisa Hatch denied me medical attention on everything said they don't to test me, make eye dr. apt. or nothing. They kept putting me off saying they had to talk to Pat Chandler. all week on Feb. 24 - 27th, 2014 Pat Chandler said they never talked to her. it's not up to her. They have denied me all medical attention. -2-

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

Proper medical attention / Hepatitis C & HIV test done,
& eye doctor to check eyes & get my glasses. Also want
a transfer to other facility due to retaliation from
administration & medical staff. & due to fear of more
negligence & denial of proper medical attention I deserve.
Not interested in money if can get medical attention
& transfer from this facility as soon as possible.
Any cost incurred petitioner to be repaid by defendants.
for legal matters involved in this case.

VI. Jury Demand

I would like to have my case tried by a jury. Yes (✓) No ().

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of our
information, knowledge, and belief.

Signed this 27th day of February, 2014.

Oliver P. Colman #494640

(Signature of Plaintiff/Plaintiffs)